

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 143
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township San Carlos or Village _____
City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Loleta Cassa
If child is not yet named, make supplemental report, as directed.

3. Sex of Child female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth 10/10/28.
Month Day Year

8. FATHER
Full name Elmer Cassa

9. Residence (Usual place of abode) San Carlos,
If non-resident, give place and state. Ariz.

10. Color or race Apache
4/4 Indian 11. Age at last birthday 21 (Years)

12. Birthplace (city or place) San Carlos,
(State or country) Ariz.

13. Occupation
Nature of industry common labor

14. MOTHER
Full maiden name Lora Telto

15. Residence (Usual place of abode) San Carlos,
If non-resident, give place and state. Ariz.

16. Color or race Apache
4/4 Indian 17. Age at last birthday 24 (Years)

18. Birthplace (city or state) San Carlos,
(State or country) Ariz.

19. Occupation
Nature of industry housewife

20. Number of children of this mother. (a) Born alive and now living 2
(Taken as of time of birth of child herein certified and including this child). (b) Born alive but now dead 0
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum. yes

report
I hereby certify that I attended the birth of this child, who was Born alive at I A. m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature C. H. Sawyer M.D.
(Physician or midwife).

Given name added from _____ Address San Carlos, Ariz.
Month, day, year _____

Registrar.

Filed _____, 19 _____ C. H. Sawyer
Registrar.

331-1010-336